

(1) PLACE OF BIRTH

County of AikenTownship of Granvilleor
City of Granville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11.—For State Registrar Only

55

Registration District No. 2-5Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD

girl

(4) Type or Figure

—

(5) Number in order of birth

—

(6) Age

1 year

(7) DATE OF BIRTH

Jan 7, 1923

(8) Name of Month

Jan

(9) Day

7

(10) Year

1923

(11) FULL NAME

Charles Triston Johnson

(12) PRESENT RESIDENCE OF FATHER

Granville, S.C.

(13) COLOR OR RACE

white

(14) BIRTHPLACE

Aiken Co.

(15) OCCUPATION

Textile

(16) Number of children born to mother, including present birth

13

(17) FULL NAME

Lila Gertrude Anderson

(18) PRESENT RESIDENCE OF MOTHER

Granville, S.C.

(19) COLOR OR RACE

white

(20) BIRTHPLACE

Aiken Co.

(21) OCCUPATION

Domestic

(22) Number of children of the mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(24) Signature

W. H. Sherrill, D.S., M.D.

(25) State whether Physician or Midwife

Physician

(26) Address of Physician or Midwife

Granville, S.C.

(27) Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(29) Filed

Jan 12, 1923

(30) Local Registrar

W. H. Sherrill, D.S., M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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